

Utah Department of Workforce Services
Unemployment Insurance

DIRECT DEPOSIT AUTHORIZATION FORM

This form must be completed and returned to the Department of Workforce Services before direct deposit of unemployment benefits may occur. This form may also be used to change your direct deposit account to a different financial institution.

Claimant Name (Print)_____ Social Security#_____

(Please mark one)

☐ I am requesting to start payment by direct deposit, or

☐ I currently have direct deposit for unemployment benefits but want to change my financial institution account.

Name of Financial Institution_____

Name on account (if different from your name)_____

For deposits into a CHECKING ACCOUNT please follow these instructions:

On a blank check write your social security number above your name, and the word "void" on the check. Enclose the voided check with this completed form.

For deposits into a SAVINGS ACCOUNT please complete the following information. Contact your financial institution to get your correct routing number.

Routing Number_____

Account Number_____

I authorize the Utah Department of Workforce Services to pay my unemployment benefits by direct deposit to the financial institution designated above, and also for the financial institution to credit the deposit to my account. I also authorize the Utah Department of Workforce Services to obtain information from my financial institution pertaining to this direct deposit agreement, and to debit my account if the payment was credited in error.

I recognize that if I fail to provide complete or accurate information on the above DIRECT DEPOSIT AUTHORIZATION FORM ("this Form"), the processing of this Form may be delayed and/or my payments may be erroneously transferred. In the event that funds are erroneously transferred due to my failure to provide complete or accurate information on this Form, I hereby hold the State harmless for the recovery of such erroneous transfers, notwithstanding any reasonable attempts made by the State to correct such errors.

Claimant Signature_____ Date_____

Mail this form to: Utah Department of Workforce Services
P. O. Box 45266
Salt Lake City, Utah 84145-0266